

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

RECEIVED

JUN 03 2021

GERTRUDE WALKER
SUPERVISOR OF ELECTIONS, ST LUCIE CO.

NOTE: This form must be on file with the qualifying
officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

☒ Initial Filing of Form Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last)

Donna Maria Mills

3. Address (include post office box or street, city, state, zip
code)

1330 SW Briarwood Dr.
Port St. Lucie, Florida
34986

4. Telephone

(772) 267-7364

5. E-mail address

doctor.donnamills@aol.com

6. Office sought (include district, circuit, group number)

St. Lucie County School Board

7. If a candidate for a nonpartisan office, check if
applicable:

☐ My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

☐ Write-In ☐ No Party Affiliation ☐ _____ Party candidate.

9. I have appointed the following person to act as my ☐ Campaign Treasurer ☒ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Donna Mills

11. Mailing Address

1330 SW Briarwood Dr

12. Telephone

(772) 267-7364

13. City

Port St. Lucie

14. County

St. Lucie

15. State

FL

16. Zip Code

34986

17. E-mail address

doctor.donnamills@aol.com

18. I have designated the following bank as my

☒ Primary Depository ☐ Secondary Depository

19. Name of Bank

Wells Fargo Bank

20. Address

1410 SW Saint Lucie West Blvd

21. City

Port St. Lucie

22. County

St. Lucie

23. State

Florida

24. Zip Code

34986

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND
DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

6-3-21

26. Signature of Candidate

X Donna Mills

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Donna Mills, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☐ Campaign Treasurer ☒ Deputy Treasurer.

6-3-21

Date

X Donna Mills

Signature of Campaign Treasurer or Deputy Treasurer